

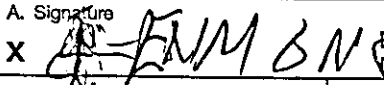
**SENDER: COMPLETE THIS SECTION**

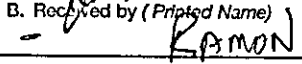
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



NANCY MARTINEZ  
FRIENDS OF ANNA MARTINEZ FOR CLERK-TREASURER  
59 SOUTH 10TH AVENUE  
BEECH GROVE, IN 46107

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
 ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
-  3-31-07

D. Is delivery address different from item 1? ☐ Yes  
enter delivery address below: ☐ No

Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

7007 0220 0003 9076 9253



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R11/11-05)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

07-088

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name <b>Martinez</b>		First Name <b>Nancy</b>		Middle Name <b>Ann</b>	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address <b>59 S. 10<sup>th</sup> Ave</b>				5. FAX (Optional) ( )		6. E-mail Address (Optional) <b>anna.mrdia@hotmail.com</b>	
7. City <b>Beech Grove</b>		State <b>IN</b>	ZIP Code <b>46107</b>	8. County <b>Marion</b>		9. Telephone (Day) <b>(317) 752-8298</b>	
						10. Telephone (Evening) <b>(317) 783-4765</b>	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee) <b>Clerk Treasurer</b>			

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name <b>Friends of Anna Martinez For Clerk Treasurer</b>							
14. Mailing Address <input type="checkbox"/> Check if this is a new address				15. FAX (Optional) ( )		16. E-mail Address (Optional)	
17. City		State	ZIP Code	18. County		19. Telephone	
						20. Committee Organization Date (MM-DD-YY)	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson <b>Nancy Ann Martinez</b>							
22. Mailing Address <input type="checkbox"/> Check if this is a new address				23. FAX (Optional) ( )		24. E-mail Address (Optional)	
25. City		State	ZIP Code	26. County		27. Telephone (Day)	
						28. Telephone (Evening)	
<b>Beech Grove</b>		<b>IN</b>	<b>46107</b>	<b>Marion</b>			
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.)							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input type="checkbox"/> Yes			

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.				Person Appointed Treasurer <b>Nancy Ann Martinez</b>				Signature of the Committee Chairperson			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer <b>Nancy Ann Martinez</b>											
34. Mailing Address <input type="checkbox"/> Check if this is a new address				35. FAX (Optional) ( )		36. E-mail Address (Optional)					
37. City		State	ZIP Code	38. County		39. Telephone (Day)		40. Telephone (Evening)			
<b>Beech Grove</b>		<b>IN</b>	<b>46107</b>	<b>Marion</b>		<b>(317) 226-4932</b>		<b>(317) 783-4765</b>			

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).		Signature of Person Accepting Appointment	
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**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson <b>Nancy Ann Martinez</b>	Signature of Chairperson <i>[Signature]</i>	Date (MM-DD-YY) <b>02/22/07</b>
43. Typed or Printed Name of Candidate <b>Nancy Ann Martinez</b>	Signature of Candidate <i>[Signature]</i>	Date (MM-DD-YY) <b>02/27/07</b>

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

**FILED**

**FEB 28 2007**

*[Handwritten signature]*